

Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	Acrobat PDFWriter
Run by	CWMS
Report Date	20-AUG-01 11:09

Crosswalk Report

CWMS

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Status : FN Substance Abuse and Mental Health Services Administration

Media ID : DSHS13-633

Office of Applied Studies

Start Date : 01-JAN-90

End Date :

Follow-up :

Washington's Treatment Episode Data Set

Version : 1

K = Key Field

System

Washington

Item

Item

No. Treatment Episode Data Set

Value

State System Data

1	System Transaction Type	-	System Transaction Type Added To Each Record
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K 2	State Code	WA	FIPS Code Added To Each Record
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3	Reporting Date	-	Month And Year Of Submission Added To Each Record
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Washington's Treatment Episode Data Set
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Minimum

Washington

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State System Data

K 1	Provider ID	-	Facility Number
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K 2	Client ID	-	Client Name
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K 3	Co-Dependent/Collateral at Admission	-	Co-Dependent/Collateral
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2	No	2	No
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K 4	Client Transaction Type	-	Transaction Type Added To Each Record
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K 5	Date of Admission	-	Date Of Admission
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6	Number of Prior Treatments	-	-
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	Or More	5	5+

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No.	Treatment Episode Data Set	Value	State System Data
7	Principal Source of Referral	-	Entry Referral Type
06	Other Community Referral	ASC	ADATSA Assessment Center
02	Alcohol/Drug Abuse Provider	CONT	Continuation from an approved Alcohol/Drug Treatment Facility
07	Court/Criminal Justice/DUI/DWI	CRIME	Court, Police, Probation
06	Other Community Referral	CSO	DSHS Community Services Office
02	Alcohol/Drug Abuse Provider	DETOX	Detox Facility
05	Employer/EAP	EMPL	(Add) Employer/EAP
07	Court/Criminal Justice/DUI/DWI	INVO	Involuntary Commitment
03	Other Health Care Provider	OHCP	(Add) Other Health Care Provider
97	Unknown	OTHR	Other
04	School (education)	SCH	(Add) School (Education)
01	Individual (self)	SELF	Self
8	Date of Birth	-	Birthdate
9	Sex	-	Sex
2	Female	F	Female
1	Male	M	Male
10	Race	-	Race
13	Asian	A	Asian
04	Black	B	Black
05	White	C	Caucasian (White)
01	Alaskan Native	E	(Eskimo) Alaskan Native (Aleutian)
02	American Indian	N	Native American/ Alaska Native
20	Other	O	Other
03	Asian or Pacific Islander		
23	Native Hawaiians or Other Pacific		

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No.	Treatment Episode Data Set	Item	Value	State System Data
11	Ethnicity	-	Ethnic Origin	
03	Cuban		C	Cuban
02	Mexican		M	Mexican
05	Not of Hispanic Origin		N	Not Spanish/Hispanic
04	Other Hispanic		O	Other Spanish/Hispanic
01	Puerto Rican		P	Puerto Rican
12	Education	-	Years Of Education	
01-25	Highest School Grade in Number of Years (12=GED)		01-11	Less Than High School Graduate
01-25	Highest School Grade in Number of Years (12=GED)		12	High School Graduate/GED
01-25	Highest School Grade in Number of Years (12=GED)		14	Associate of Arts
01-25	Highest School Grade in Number of Years (12=GED)		16	Bachelors
01-25	Highest School Grade in Number of Years (12=GED)		18	Masters
01-25	Highest School Grade in Number of Years (12=GED)		20	Doctorate
13	Employment Status	-	Employment Status	
01	Full Time		FUL	Steady, 30 or More Hours/Week
04	Not in Labor Force		NIF	School
02	Part Time		PRT	Steady, Less Than 30 Hours/Week
02	Part Time		TEM	Intermittent/Temporary Employment
03	Unemployed		UNE	Unemployed

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No. Treatment Episode Data Set

14	Substance Problem Codes	-	Substance Problem Codes, Primary, Secondary, Tertiary
01	None	-	-
05	Heroin	01	Heroin
06	Non-Prescription Methadone	02	Non- RX Methadone
07	Other Opiates and Synthetics	03	Other Opiates and Synthetics
02	Alcohol	04	Alcohol
15	Barbiturates	05	Barbiturates
16	Other Sedatives or Hypnotics	06	Other Sedatives or Hypnotics
11	Other Amphetamines	07	Amphetamine
03	Cocaine, Crack	08	Cocaine
04	Marijuana, Hashish, THC	09	Marijuana
09	Other Hallucinogens	10	Hallucinogens
17	Inhalants	11	Inhalants
18	Over-the-Counter	12	Over the Counter
14	Other Tranquilizers	13	Tranquilizers
08	PCP	14	PCP
10	Methamphetamines	15	(Add) Methamphetamine
12	Other Stimulants	16	(Add) Other Stimulants
13	Benzodiazepines	17	(Add) Benzodiazepines
20	Other	98	Other
97	Unknown	99	Substance Unknown

15	Usual Route of Administration	-	Method Of Administration
03	Inhalation	H	Inhalation
04	Injection (IV or intramuscular)	J	Injection
01	Oral	O	Oral
02	Smoking	S	Smoking
20	Other	X	Other

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No. Treatment Episode Data Set Value State System Data

16 Frequency of Use

-

Frequency Of Use

01	No past month use	1	No Past Month Use
02	1-3 times in past month	2	1-3 Times in Past Month
03	1-2 times per week	3	1-3 Times Per Week
04	3-6 times per week	4	3-6 Times Per Week
05	Daily	5	Daily
97	Unknown	7	Unknown

17 Age of First Use or Alcohol Intoxication

-

Year Of First Use

K 18 Services

-

Treatment Service Code Part A (Modality)

02	Free-standing Residential	DX	Detoxification
05	Long-term, >30 days	EC	Extended Care
07	Outpatient	GC	Group Care Enhancement
04	Short-term, <=30 days	II	Intensive Inpatient
06	Intensive Outpatient	IO	Intensive Outpatient
05	Long-term, >30 days	LT	Longterm Residential
05	Long-term, >30 days	MC	Mentally Ill Chemical Abuse
07	Outpatient	ME	Methadone
07	Outpatient	OP	Outpatient
05	Long-term, >30 days	RH	Recovery House

19 Use of Methadone Planned as Part of Treatment

-

Methadone

7	Unknown	-	Unknown
2	No	NO	All Other Service categories
1	Yes	YES	Yes For All Methadone Treatment (CDS 07 Services)

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Optional

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No.	Treatment Episode Data Set	Item	Value	State System Data
1	Detail Drug Code, Primary	-	Not Collected	
	9998 Not Collected		9998 9998	
2	Detail Drug Code, Secondary	-	Not Collected	
3	Detail Drug Code, Tertiary	-	Not Collected	
4	Substance Abuse Diagnosis Based on DSM III-R Criteria	-	Not Collected	
	999. 98 Not Collected		999.9 8 999.98	
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	-	Disability (Not Alcohol/Drug)	
	7 Unknown		- Unknown	
	1 Yes		P Mental/Psychological	
6	Pregnant at Time of Admission	-	Pregnancy Status	
	1 Yes		1 1st Trimester At Admission	
	1 Yes		2 2nd Trimester At Admission	
	1 Yes		3 3rd Trimester At Admission	
	2 No		N Not Pregnant	
	2 No		P Post Partum	
7	Veteran Status	-	Veterans Health Benefits	
	2 No		N Not Eligible For Veteran's Benefits	
	7 Unknown		U Uncertain	
	1 Yes		Y Yes, Eligible For Veteran's Benefits	

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No.	Treatment Episode Data Set	Item	Value	State System Data
8	Living Arrangements	-	Living Arrangements	
03	Independent Living		ALO Alone N	
02	Dependent Living		FAM With Family	
02	Dependent Living		FOST Foster Home/Group Care	
02	Dependent Living		FREE Alcohol/Drug Free Shared	
01	Homeless		NON None/Lives On Streets E	
01	Homeless		SHLR Shelter/Mission	
01	Homeless		SRO SRO Hotel	
02	Dependent Living		UNRE With Others	
9	Primary Source of Income or Support	-	Not Collected	
98	Not Collected		98 98	
10	Health Insurance	-	Not Collected	
98	Not Collected		98 98	
11	Expected Primary Source of Payment for This Treatment Episode	-	Not Collected	
98	Not Collected		98 98	
12	Detailed Not in Labor Force	-	Not Collected	
98	Not Collected		98 98	
13	Detailed Criminal Justice Referral Categories	-	Not Collected	
98	Not Collected		98 98	

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Value

State System Data

No. Treatment Episode Data Set

14	Marital Status	-	Marital Status
02	Now Married or Cohabiting	M	Married
98	Not Collected	S	Single, All Others

15	Time Waiting to Enter Treatment	-	Not Collected
998	Not Collected	998	998

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report